

Clermont County
Community Housing Improvement Program (CHIP)
Housing Rehabilitation Application

Dear ,

Thank you for your request for an application. To complete your application we will need the following information:

Please check one: _____Home Repair _____Owner Private Rehabilitation

- Proof of current income (must have three consecutive months) for all household members (pay stubs, or letter of income, social security; bank statement if direct deposited, child support, alimony, etc.
- Must be current on your current water bill (if applicable)
- Must be current with your property taxes
- Must be current with mortgage (last 6 months)
- Please provide copy of drivers license
- Proof of Homeowners Insurance (Declaration page)
- Copy of deed

NOTE: All income for program eligibility is based on current income. Current income will be projected to yearly gross income.

As soon as the office receives this information, we will contact you regarding your next qualifying step. **Completion of this application does NOT guarantee funding.** You may mail the completed application and necessary paperwork to the address below.

If you have any questions, or problems completing the application please call: 513-732-7904 to make an appointment. Otherwise,

Return this application to:
Jim Taylor
Clermont County Community Planning and Development
2275 Bauer Road
Batavia, Ohio 45103



CLERMONT COUNTY COMMUNITY HOUSING IMPROVEMENT PROGRAM (CHIP)

Please check the appropriate boxes below. This optional information is to be used for statistical and report information:

Is the head of household: ☐ Male ☐ Female

Applicant Ethnicity

(A.) ☐ White (B.) ☐ Black or African American (C.) ☐ American Indian, Alaska Native (D.) ☐ Asian
(E.) ☐ Native Hawaiian or Other Pacific Is., (F.) ☐ American Indian, Alaska Native & White
(G.) ☐ Black, African American & White (H.) ☐ American Indian, Alaska Nat. & Black, Afr. Amer.
(I.) ☐ Asian & White (J.) ☐ Other Multi-Racial

ETHNICITY: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Co-Applicant Ethnicity

(A.) ☐ White (B.) ☐ Black or African American (C.) ☐ American Indian, Alaska Native (D.) ☐ Asian
(E.) ☐ Native Hawaiian or Other Pacific Is., (F.) ☐ American Indian, Alaska Native & White
(G.) ☐ Black, African American & White (H.) ☐ American Indian, Alaska Nat. & Black, Afr. Amer.
(I.) ☐ Asian & White (J.) ☐ Other Multi-Racial

ETHNICITY: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

CHIP Application and Analysis

APPLICANT (head of household)

Full Name _____

Address _____

Email, if applicable: _____

Home Phone _____

Age _____ Birth date _____

CO-APPLICANT

Full Name _____

Address _____

Email, if applicable: _____

Home Phone _____

Age _____ Birth date _____



CLERMONT COUNTY COMMUNITY HOUSING IMPROVEMENT PROGRAM (CHIP)

1. Year home was constructed: _____,
How long have you lived at the above address? _____
2. Type of Structure : _____ (Single Family, duplex)
3. Type of Construction: _____ (frame, block, other)
4. Number of bedrooms: _____ Is there a complete bath? ____Y ____N
5. How many people live in the unit? _____
6. Are any of the current occupants disabled or handicapped? ____Y ____N
7. Please list the items that you feel need replaced or repaired in your home:

8. Have you received public funding, CHIP, or a commitment for rehabilitation on this property in the past? ____Y ____N If so, please explain both the type of commitment and why additional funding is necessary.

9. Have you received Weatherization through Community Action? ____Y ____N If so, when _____.
10. Do you own other property/land? _____Yes _____No
11. I certify that I am _____/ am not _____ (check one) an employee or a family member (grandparent, parent, spouse, children – whether dependent or not, grandchildren, brother, sister, or any person related by blood or marriage and residing in the same household) of an employee of an elected official of the Clermont County.



CLERMONT COUNTY COMMUNITY HOUSING IMPROVEMENT PROGRAM (CHIP)

DOCUMENTATION OF INCOME

Complete the chart below to indicate household income for the next 12 months. This includes wages and salaries, overtime pay, commissions, fees, tips, bonuses; interest, dividends, and other net income from real or personal property; social security, annuities, insurance policies, retirement funds, pensions, disability; unemployment pay, worker's compensation and severance pay; alimony and child support; and pay received as a member of the Armed Forces. Please provide proof of income of all household members.

Total Household Income					
Family Members (Name)	Position in Family	Age	Income Sources: (paid weekly, monthly) (pay rate: hourly, salary, etc		

If you do not have any of the following - please state NONE _____

I. SAVING/CHECKING ACCOUNTS

Name and Number

_____	_____
_____	_____
_____	_____
_____	_____



CLERMONT COUNTY COMMUNITY HOUSING IMPROVEMENT PROGRAM (CHIP)

CERTIFICATION AS TO VERACITY

The undersigned certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining rehabilitation assistance and is true and complete to the best of the undersigned's knowledge and belief.

The undersigned agrees to occupy the property as his/her/their primary residence and represents that the property will not be used for any illegal or restricted purpose that would lead to forfeiture of, modification of, or other deleterious effect on the property; and he/she/they agree to remain in conformity with any agreement, law regulation or order governing the present use of the property, including, but not limited to, health regulation regarding the use, maintenance and location of septic tank leach beds.

The undersigned agrees to allow the Clermont County to verify any of the information contained in this application may be obtained from any source, upon the written request of the City, or their representatives, to the agency or individual having that information.

The undersigned acknowledges that the Clermont County will retain the original or copies of this application, even if assistance is not granted. Under the Right to Financial Privacy Act of 1978, the U.S. Department of Housing and Urban Development has a right to financial records held by grantees and sub-grantees in connection with the consideration or administration of assistance to the undersigned. The undersigned hereby authorizes access to and disclosure of all information contained herein and elsewhere in support of this application to the Ohio Department of Development. Financial records involving the undersigned's transactions will be available to HUD and ODOD without further notice to or authorization by the undersigned but will not be disclosed or released to another agency or department without the undersigned's consent except as required or permitted by law.

The undersigned fully understands that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, U.S. Code, Section 1001.

I/we have been given copies and have read the following documents:

- Fair Housing Information
- CHIP Client (Affidavit) Terms and Conditions
- Client Complaint Procedure
- Lead information

Signature: date

Signature: date

Witness: date



CLERMONT COUNTY COMMUNITY HOUSING IMPROVEMENT PROGRAM (CHIP)

AUTHORIZATION for the RELEASE of INFORMATION

Purpose: In signing this consent form, you are authorizing the Community Housing Improvement Program to request information from various sources to determine eligibility for housing benefits. .

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign.

Failure to Sign Consent Form: Your failure to sign may result in the denial of eligibility of housing benefits.

Information Covered: I/We understand that, depending on program policies and requirements, previous or current information regarding my household members or me may be needed. Verifications and inquiries that may be requested include, but are **not limited to**:

- | | | |
|-------------------------|---------------------|-------------------------|
| ✓ <i>Identity</i> | ✓ <i>All Income</i> | ✓ <i>Assets</i> |
| ✓ <i>Marital Status</i> | ✓ <i>Employment</i> | ✓ <i>Loans</i> |
| ✓ <i>Citizenship</i> | ✓ <i>Benefits</i> | ✓ <i>Home Ownership</i> |

Sources of Information To Be Obtained: Information may be obtained directly from the following public/private agencies, and/or individuals (*depending on program requirements*) which **may include, but not limited to**:

- | | | |
|---------------------------------------|---|---------------------------------|
| ➤ <i>Past & Present Employers</i> | ➤ <i>Social Security Administration</i> | ➤ <i>Medical Care Providers</i> |
| ➤ <i>Courts Post Offices</i> | ➤ <i>Veterans Administration</i> | ➤ <i>Utility Companies</i> |
| ➤ <i>Law Enforcement Agencies</i> | ➤ <i>Dept. of Human Services</i> | ➤ <i>Financial Institutions</i> |
| ➤ <i>State/Federal Agencies</i> | ➤ <i>Retirement Systems</i> | ➤ <i>Support Providers</i> |
| ➤ <i>Post Offices</i> | ➤ <i>CAC</i> | ➤ <i>Counseling Agencies</i> |

Conditions: I/We agree that a **photocopy** of this authorization may be used for the purpose of determining eligibility for the Community Housing Improvement Program. The original of this authorization is on file with the Program Administrator and will stay in effect for a period of one year from the date signed. I/We understand I/We have the right to review my/our file and correct any information that I can prove is incorrect.



CLERMONT COUNTY COMMUNITY HOUSING IMPROVEMENT PROGRAM (CHIP)

Consent: I/We, the undersigned, authorize and direct any federal, state, or local agency, organization, business or individual to release and/or share information with persons/agencies stipulated in my/our Contract(s) of Participation for the purpose of verifying or determining my/our eligibility for any CHIP sponsored program. It is understood that the use of the information hereby obtained shall be limited to the requirement of eligibility and/or continued participation and shall be otherwise protected by State and Federal Privacy Acts.

Head of Household Signature

Date

Spouse Signature

Date

Adult Household Member Signature

Date

Adult Household Member Signature

Date

Adult Household Member Signature

Date

Adult Household Member Signature

Date

Note: This General Release may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS Form 4506, Request for Copy of a Tax Form must be prepared and signed separately. Further, it is understood this Release may not be used to access reports, records or files pertaining to Mental Health Counseling.

